

VOLUNTARY DEMOTION LETTER

I, Employees Name, understand that I have accepted the position of New Position Title Pay Level, as a Voluntary Demotion from the position of Old Position Title, Old Pay Level, without a reduction in pay with the Louisiana Department of Health /Office of Section/Unit effective Date.

Civil Service Rule 6.10 (d) effective July 1, 2018:

“An appointing authority shall waive a pay increase on promotion, reallocation, or detail to special duty for an employee who has been demoted without a reduction in pay until such time the employee surpasses the pay level from which he demoted.”

Furthermore, pursuant to the above Civil Service Rule, I understand by accepting this voluntary demotion without a reduction in pay, I will ***not*** be eligible for a pay increase until I surpass Old Pay Level pay level.

(Employee's Signature) (Date)